

FILED ENTERED
LODGED RECEIVED

JUN 26 2003

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY [Signature] DEPUTY

Hon. Barbara J. Rothstein

FILED ENTERED
LODGED RECEIVED

JUN 23 2003

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY [Signature] DEPUTY

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

IN RE: PHENYLPROPANOLAMINE (PPA)
PRODUCTS LIABILITY LITIGATION,

MDL Docket No. 1407

This document relates to all actions.

CASE MANAGEMENT ORDER
NO. 6A

I. INTRODUCTION

This Case Management Order 6A replaces the Authorization for Release of Medical Records attached to CMO 6, replaces that portion of the Authorization for Release of Workers' Compensation and Social Security Records to the extent it relates to Social Security Records, and replaces that portion of the Authorization for Release of Financial/Tax Records to the extent it relates to records from the Internal Revenue Service.

The parties having submitted Case Management Order No. 6A, revising the existing protocol for conducting all case-specific fact discovery within MDL 1407 for all cases transferred to this Court, and after review and consideration of the parties' submission, the Court hereby orders as follows:

1. The parties agree that the Authorization for Release of Medical Records attached to CMO 6 is not in compliance with the Privacy provision of 45 CFR Parts 160 and

CASE MANAGEMENT ORDER NO. 6A - 1
(MDL No. 1407)

Williams, Kastner & Gibbs PLLC
Two Union Square, Suite 4100 (98101-2380)
Mail Address: P.O. Box 21926
Seattle, Washington 98111-3926
(206) 628-6600

1433118.1



01-MD-1407-MISC

1 164 (Health Insurance Portability and Accountability Act – HIPAA), which became effective
2 April 14, 2003. Therefore, the parties agree that the Plaintiff(s) in each case transferred to this
3 Court shall complete the Authorization for Release of Medical Records attached hereto, in lieu
4 of that attached to CMO 6. The parties further agree that if a provider refuses to honor the
5 signed authorization because it does not comply with state or federal law, the parties shall
6 modify the authorization in order to satisfy the provider's concerns. The intent of this CMO is
7 to provide for the collection of plaintiff's medical records.

8 2. The parties agree that some Social Security and Internal Revenue Service
9 agency offices have refused to honor the Authorization for Release of Workers' Compensation
10 and Social Security Records and the Authorization for Release of Financial / Tax Records.
11 Therefore, the parties agree that the attached Social Security Administration Consent for
12 Release of Information shall replace the Authorization for Release of Workers' Compensation
13 and Social Security Records for the purpose of collecting Social Security Records, but not for
14 Workers' Compensation Records. The parties further agree that the attached Tax Information
15 Authorization, Form 8821, shall replace the Authorization for Release of Financial / Tax
16 Records for purposes of collecting records from the Internal Revenue Service.

17 3. Plaintiff(s) agree, if requested, they will provide a signed Authorization for the
18 Release of Medical Records as attached to this CMO 6A within thirty (30) days of the request,
19 even if they have previously signed the Authorization attached to CMO 6. Plaintiff(s) further
20 agree, if requested, they will provide a signed Social Security Administration Consent for
21 Release of Information as attached to this CMO 6A within thirty (30) days of the request.
22 Plaintiff(s) further agree, if requested, they will provide a signed Tax Information
23 Authorization, Form 8821 as attached to this CMO 6A within thirty (30) days of the request.
24
25

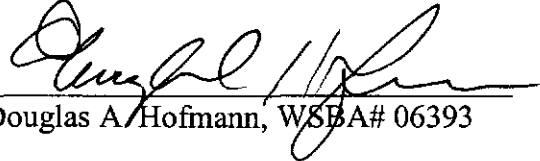
1
2 IT IS SO ORDERED.

3 DATED at Seattle, Washington, this ____ day of May, 2003.
4
5

6 UNITED STATES DISTRICT JUDGE

7 Presented by:

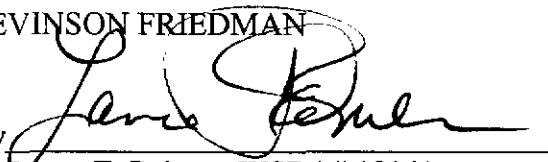
8 WILLIAMS, KASTNER & GIBBS PLLC

9
10 By 
11 Douglas A. Hofmann, WSBA# 06393

12 Co-Liaison Counsel for PPA Manufacturer Defendants

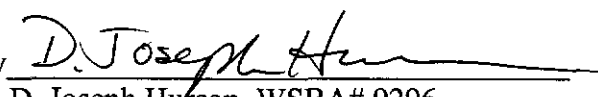
13
14 COPY RECEIVED; APPROVED AS TO
15 FORM; NOTICE OF PRESENTATION
16 WAIVED:

17 LEVINSON FRIEDMAN

18 By 
19 Lance E. Palmer, WSBA# 18141

20 Liaison Counsel for Plaintiffs

21 LANE POWELL SPEARS LUBERSKY LLP

22
23 By 
24 D. Joseph Hurson, WSBA# 9296

25 Co-Liaison Counsel for PPA Manufacturer Defendants

CASE MANAGEMENT ORDER NO. 6A - 3
(MDL No. 1407)

1433118.1

Williams, Kastner & Gibbs PLLC
Two Union Square, Suite 4100 (98101-2380)
Mail Address: P.O. Box 21926
Seattle, Washington 98111-3926
(206) 628-6600

1
2 IT IS SO ORDERED.

3 DATED at Seattle, Washington, this ⁴25th day of ^{June}2003.

5 
6 UNITED STATES DISTRICT JUDGE

7 Presented by:

8 WILLIAMS, KASTNER & GIBBS PLLC

9
10 By 

11 Douglas A. Hofmann, WSBA# 06393

12 Co-Liaison Counsel for PPA Manufacturer Defendants

13 COPY RECEIVED; APPROVED AS TO
14 FORM; NOTICE OF PRESENTATION
15 WAIVED:

16 LEVINSON FRIEDMAN

17
18 By 

19 Lance E. Palmer, WSBA# 18141

20 Liaison Counsel for Plaintiffs

21 LANE POWELL SPEARS LUBERSKY LLP

22
23 By 

24 D. Joseph Hurson, WSBA# 9296

25 Co-Liaison Counsel for PPA Manufacturer Defendants

CASE MANAGEMENT ORDER NO. 6A - 3
(MDL No. 1407)

1433118.1

Williams, Kastner & Gibbs PLLC
Two Union Square, Suite 4100 (98101-2380)
Mail Address: P.O. Box 21926
Seattle, Washington 98111-3926
(206) 628-6600

Full Name

Social Security Number

Date of Birth

**IN RE: PHENYLPROPANOLAMINE ("PPA") PRODUCTS LIABILITY LITIGATION
UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON AT SEATTLE
MDL NO. 1407**

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

In compliance with HIPAA, 45 CFR § 164.508

TO:

Name of Entity

Address

City, State and Zip Code

You are hereby authorized to release my entire medical records file to the defendant or its authorized representative listed below ("Record Requestor"). This release authorizes you to furnish copies of all medical records, including but not limited to medical reports and notes, laboratory reports, pathology slides, reports, notes and specimens, radiographic films, CT scans, X-rays, MRI films, MRA films, correspondence, progress notes, prescription records, echocardiographic recordings, written statements, employment records, wage records, insurance, Medicaid, Medicare, and disability records, and medical bills regarding my injuries, diseases, diagnoses, or treatment, specifically including but not limited to HIV/AIDS testing or treatment, drug testing, drug or alcohol abuse treatment, marriage or family counseling, as well as psychological/psychiatric treatment, notes and evaluations. Please note that this authorization is not limited in any way to the records or treatments specified above. This authorization does not permit you to disclose anything other than documents and records to anyone.

This authorization is being given at my request in conjunction with the civil litigation matter listed above. You are hereby authorized to release these records to the following Record Requestor for their use in the above-entitled litigation. The defendants have agreed to pay reasonable charges to supply copies of such records. All documents should be provided to:

(Records Requestor)

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned or discovered at any time in the future, either by you or another party, you must produce such information to the requestor at that time. Further, I hereby agree that a photostatic copy of this authorization may serve as an original.

This authorization shall not be valid unless the Record Requestor named above has executed the acknowledgement at the bottom of this authorization.

I understand that this authorization pertains directly to the civil litigation referenced above. Therefore, this authorization shall expire upon the final resolution by all parties of the aforementioned civil litigation, either by final adjudication, final settlement agreement, final judicial dismissal, or by other final judicial order, including, but not limited to the resolution of any and all appeals.

I understand that any documents or records released by you could potentially be re-disclosed by the aforementioned Record Requestor, and that any information re-disclosed by that party is not subject to this authorization or the regulations imposed by 45 CFR § 164.508.

I understand that you will not condition treatment, payment, enrollment or eligibility for benefits on my signing this authorization.

I understand that I have the right to revoke this authorization at any time by providing to you a written revocation stating my intentions, and if I do exercise such revocation, I agree to simultaneously provide a copy of such revocation to the Record Requestor. I also understand that any revocation of this authorization shall not affect any disclosures that were made prior to my written revocation.

This authorization is executed and served in compliance with the Federal Regulations governing the release of private health information as outlined under 45 CFR § 164.508.

Claimant, Guardian or Personal
Representative Signature

Date: _____

Description of the Guardian's or Personal Representative's Authority to Act for the Claimant.

Witness Signature

Date: _____

ACKNOWLEDGEMENT

The undersigned, as the Record Requestor named in the above medical authorization, hereby declares under penalty or perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the patient named in the foregoing medical authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed, if named in Plaintiff's List of Medical Providers; or, if the authorization is addressed to a third party not listed in Plaintiff's List of Medical Providers, the attorney for the patient named has been given ten (10) days advance notice and has been afforded an opportunity to object to the request, and any objections have been resolved. The attorney for or the person named in the foregoing medical authorization has also been afforded an opportunity to order copies of the records requested from the undersigned requestor at a reasonable cost.

Record Requestor Signature: _____

Form Approved
OMB No. 0960-0566

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name _____ Date of Birth _____ Social Security Number _____

I authorize the Social Security Administration to release information or records
about me to:

NAME

ADDRESS

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- ___ Social Security Number
- ___ Identifying information (includes date and place of birth, parents' names)
- ___ Monthly Social Security benefit amount
- ___ Monthly Supplemental Security Income payment amount
- ___ Information about benefits/payments I received from _____ to _____
- ___ Information about my Medicare claim/coverage from _____ to _____
(specify)
- ___ Medical records
- ___ Record(s) from my file (specify)
- ___ Other (specify)

I am the individual to whom the information/record applies or that person's
parent (if a minor) or legal guardian. I know that if I make any representation
which I know is false to obtain information from Social Security records, I could
be punished by a fine or imprisonment or both.

Signature:

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

88A-3288 Inland (12-88)

Tax Information Authorization

► IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

OMB No. 1545-0047
For IRS Use Only

Received by: _____
Name: _____
Telephone: _____
Extension: _____
Date: _____

1 Taxpayer Information.

Taxpayer name(s) and address (please type or print)

Social security number(s)

Employer identification number

Daytime telephone number

Plan number (if applicable)

2 Appointee.

Name and address (please type or print)

CAF No. _____

Telephone No. (_____) _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line.

(a) Type of Tax (Income, Employment, Excise, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. (See the instructions on page 2.) ☐
If you checked this box, skip lines 5 and 6.

5 Disclosure of tax information (you must check the box on line 5a or b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐

b If you do not want any copies of notices or communications sent to your appointee, check this box ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed above on line 3 unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you MUST attach a copy of any authorizations you want to remain in effect AND check this box ☐
To revoke this tax information authorization, see the instructions on page 2.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

Signature _____ Date _____

Signature _____ Date _____

Print Name _____ Title (if applicable) _____

Print Name _____ Title (if applicable) _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of form. Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on this form. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on the form.

Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use Form 2848, Power of Attorney and Declaration of Representative.

Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.

Taxpayer identification numbers (TINs). TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

Partnership items. Sections 6221-6231 authorize a Tax Matters Partner to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 do not replace any provisions of these sections.

When to file. Form 8821 must be received by the IRS within 60 days of the date it was signed and dated by the taxpayer.

Where to file. Generally, mail or fax Form 8821 directly to the Centralized Authorization File (CAF) Unit at the service center where the related return was, or will be, filed. To find the service center address, see the related tax return instructions. To get the fax number, call 1-800-829-1040.

If Form 8821 is for a specific tax matter, mail or fax it to the office handling that matter. For more information, see the instructions for line 4.

Specific Instructions

Line 1—Taxpayer information

Individuals. Enter your name, TIN, and your street address in the space provided. Do not enter your appointee's address or post office box. If a joint return is used, also enter your spouse's name and TIN. Also enter your EIN if applicable.

Corporations, partnerships, or associations. Enter the name, EIN, and business address.

Employee plan. Enter the plan name, EIN of the plan sponsor, three-digit plan number, and business address of the plan sponsor.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN, if the estate has one, and the decedent's TIN.

Line 2—Appointee. Enter your appointee's full name. Use the identical full name on all submissions and correspondence. If you wish to name more than one appointee, indicate so on this line and attach a list to the form.

Note: Only the first three appointees you list will be input on the CAF.

Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee.

The CAF number is a number that the IRS assigns to appointees. The appointee's CAF number must be used on all future Forms 8821 or 2848. The IRS does not assign CAF numbers to requests for employee plans and exempt organizations.

Line 3—Tax matters. Enter the type of tax, the tax form number, the years or periods, and the specific tax matter. Enter "Not applicable," in any of the columns that do not apply.

In column (d), write the years using the YYYY format, for example, "2000." Do not use general references such as "all years," or "all periods," if you do, your application will be returned.

You may list any prior years or periods, but for future periods, you are limited to the 3 future periods that end no later than 3 years after the date Form 8821 is received by the IRS. For employment tax or excise tax returns, enter the applicable quarters of the tax year. For estate tax returns, enter the date of the decedent's death instead of the year or period.

In column (d), enter any specific information you want the IRS to provide. Examples of column (d) information are: transcript of an account, a balance due amount, a specific tax schedule, or a tax liability.

For requests regarding a foreign certification shown on Form 6166, Certification of Filing A Tax Return, enter "Form 6166" in column (d) and check the box on line 4.

Line 4—Specific use not recorded on CAF. Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to a specific issue are not recorded.

Check the box on line 4 if Form 8821 is filed for any of the following reasons: (1) requests to disclose information to loan companies or educational institutions, (2) requests to disclose information to Federal or state agency investigators for background checks, (3) civil penalty issues, (4) trust fund recovery penalty,

(5) application for EIN, or (6) claims filed on Form 943, Claim for Refund and Request for Abatement. If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific use tax information authorization does not automatically revoke any prior tax information authorizations.

Line 5—Retention/revocation of tax information authorizations. Check the box on this line and attach a copy of the tax information authorization you do not want to revoke.

To revoke an existing authorization, send a copy of the previously executed Form 8821 to the IRS office where it was filed. Write "REVOKE" across the top of the form and sign your name again under the existing signature (line 7). If you do not have a copy of the prior Form 8821, send a letter to the IRS office where you filed it. The letter must indicate that the authority of the tax information authorization is revoked and must be signed by the taxpayer. Include the name and address of each appointee whose authority is revoked.

Note: Filing Form 8821 does not revoke any Form 2848 that is in effect.

Line 7—Signature of taxpayer(s)

Individuals. You must sign and date the authorization. Either husband or wife must sign if Form 8821 applies to a joint return.

Corporations. Generally, Form 8821 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and (4) any other person authorized to access information under section 6103(e).

Partnerships. Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See Partnership items above.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 is provided by the IRS for your convenience and its use is voluntary. If you designate an appointee to inspect and/or receive confidential tax information, you are required by section 6103(c) to provide the information requested on the form. Under section 6109, you must disclose your social security number (SSN), employer identification number (EIN), or individual taxpayer identification number (ITIN). If you do not provide all the information requested on this form, we may not be able to honor the authorization.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also give this information to other countries pursuant to tax treaties.

You are not required to provide the information requested on a form unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Disclosure of the information on this form may be made as provided in section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 7 min.; Learning about the law or the form, 12 min.; Preparing the form, 24 min.; Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send Form 8821 to this address. Instead, see Where to file on this page.